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TRANSMITTAL FORM

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		Application Number	10/719,695
		Filing Date	November 21, 2003
		First Named Inventor	Leong Ng
		Art Unit	Not yet known
		Examiner Name	Not yet known
Total Number of Pages in This Submission	3	Attorney Docket Number	ISA-012.01

ENCLOSURES (check all that apply)

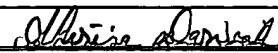
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Supplemental Application Data Sheet
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		Customer Number : 25181
Although we believe that no payment is due with this submission, the Commissioner is authorized to charge any deficiencies to our Deposit Account No. 06-1448.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Beth E. Arnold
Signature	
Date	February 11, 2004

CERTIFICATE OF MAILING

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Typed or printed name	Shirine Darvish
Signature	
Date	February 11, 2004

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Supplemental Application Data Sheet

Application Information

Application Type: Regular

Subject Matter: Utility

Suggested Classification:

Suggested Group Art Unit:

CD-ROM or CD-R?: None

Number of CD disks: N/A

Number of copies of CDs: N/A

Sequence submission?: N/A

Title: Bodily Fluid Markers of Tissue Hypoxia

Attorney Docket Number: ISA-012.01

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure: 17

Total Drawing Sheets: 14

Small Entity: No

Licensed US Govt. Agency: N/A

Contract or Grant Numbers: N/A

Secrecy Order in Parent Appl.: N/A

Applicant Information

Applicant Authority type: Inventor

Primary Citizenship Country: United Kingdom

Status: Full Capacity

Given Name: Leong

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Family Name: Ng

Name Suffix:

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State or Province of Residence:

Country of Residence: United Kingdom

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Country of mailing address: United Kingdom
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Correspondence Information

Correspondence Customer Number: 25181

Representative Information

Representative Customer Number:	25181
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Domestic Priority Information

Application:	Continuity Type:	Parent Application:	Parent Filing Date:

Foreign Priority Information

Country:	Application Number:	Filing Date:	Priority Claimed:
United Kingdom	0322390.6	24-Sept-2003	YES
United Kingdom	0227179.9	21-Nov-2002	YES